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| SERIAL NUMBER 10/526,685 | FILING OR 371(c) DATE 03/03/2005 RULE | CLASS 433 | GROUP ART UNIT 3732 | ATTORNEY DOCKET NO. ERT 204 |
| APPLICANTS Alfred Schaffner, Mezzovico, SWITZERLAND; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/EP03/09741 09/03/2003 <i>OK CCS</i> | | | | |
| ** FOREIGN APPLICATIONS ***** GERMANY 102 40 683.9 09/04/2002 <i>OK CCS</i> | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>America</i> | STATE OR COUNTRY SWITZERLAND | SHEETS DRAWING 5 | TOTAL CLAIMS 7 |
| Verified and Acknowledged <i>Horst M Kasper</i> Examiner's Signature | Initials <i>ccs</i> | INDEPENDENT CLAIMS 1 | | |
| ADDRESS Horst M Kasper 13 Forest Drive Warren , NJ 07059 | | | | |
| TITLE Dental matrix retainer | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |